

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	PF		12/12
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	S	67367	2/2/01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	9/27/00
2	10/1/00
3	10/6/00
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9	✓
10	0
11	✓ 9
12	
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14	✓
15	✓
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17	0
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19	0
20	✓
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22	✓
23	✓
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25	✓
26	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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